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AUTHOR Levy, Terry M.; Joffe, Wendy
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ABSTRACT

This paper describes a three-phase developmental process which often occurs following the termination of an ongoing and intimate relationship. The phases are separation, individuation and reconnection. Each phase has a unique but interrelated matrix of psychosocial reactions, needs and potential for personal and interpersonal development. The paper includes a discussion of the dynamics of the three phases and of the role of the therapist in responding effectively to clients in each phase. The emphasis is on perceiving clients' behavior during these phases as inevitable consequences of transition, rather than definitive signs of psychpathology. Guidelines for effective therapy are discussed in terms of a therapist's previous relationship history, current emotional readiness and personal belief system. (Author)

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Counseling Couples Through Separation: A Developmental Approach*

Terry M. Levy** and Wendy Joffe***

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** Terry M. Levy, Ph.D., is a Clinical Psychologist and Program Director at the Family Life Center, Biscayne College, Miami, Florida 33054.

*** Wendy Joffe, M.A., is associate Professor of Human Resources and Coordinator of the Family Therapy and Education Master's Program at Biscayne College.

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Abstract

This paper describes a three-phase developmental process which often occurs following the termination of an ongoing and intimate relationship. The phases are separation, individuation and reconnection. Each phase has a unique but interrelated matrix of psychosocial reactions, needs and potential for personal and interpersonal development. The paper includes a discussion of the dynamics of the three phases and of the role of the therapist in responding effectively to clients in each phase. The emphasis is on perceiving clients' behavior during these phases as inevitable consequences of transition, rather than definitive signs of psychopathology. Guidelines for effective therapy are discussed in terms of a therapist's previous relationship history, current emotional readiness and personal belief system.

COUNSELING COUPLES THROUGH SEPARATION

A DEVELOPMENTAL APPROACH

The goal of this paper is to present a conceptual model of what occurs on psychological, emotional and interpersonal levels during and following the termination of a close relationship. A close relationship is defined as ongoing, emotionally and/or sexually intimate, and involving feelings of commitment and attachment. This paper is to be a guide for the therapist who endeavors to understand and help people during these difficult and complex times. It will not include a discussion of the myriad causes of separation, nor will it deal with issues associated with children caught in the painful web of family disintegration. Rather, it will emphasize the dynamics of adult behavior as viewed from a developmental perspective, and provide recommendations as to the role of the therapist.

Typically, when a marriage or any close relationship comes to an end, a person experiences a sequence of reactions which occur developmentally, characterized by three major phases; separation, individuation and reconnection. Each phase involves a unique matrix of needs, anxieties and potentials for personal growth. This sequence is referred to as a developmental process; it occurs over a

period of time, the reactions of one stage provide a foundation for and interact with the following stage, and it is a dynamic and volatile situation. The therapist who understands the characteristics of each phase can better understand the client seeking help. They can then provide that client with a roadmap which may serve to provide direction and alleviate some of the uncertainty and despair associated with this difficult but seemingly necessary journey.

SEPARATION

Separation involves letting go. Despite the psychological pain associated with an unhappy relationship, it is rarely easy to let go. The partners' psychological worlds are enmeshed to the point that the experience of separating is analogous to tearing apart a piece of fabric--a jolting experience leaving rough and raw edges. Intense ambivalence is natural, for there is a strong desire to end the difficult relationship and, simultaneously, anxiety and fear associated with the unknown territory ahead (Weiss, 1975, pp. 36-46).

Powerful feelings are aroused during the separation phase. There is a sense of failure and guilt, with the end of the relationship often perceived as being caused by personal incompetency and fault. The person becomes self-deprecatory and often compensates for the inner-directed negative feelings by blaming the partner. A

hallmark of the separation phase is confusion and disorganization which creates considerable anxiety. Clients report that their world is collapsing and they do not know how to cope. There is a fear of lonliness and isolation which emerges as the person begins to think about living as an individual rather than as a couple. The most common emotion expressed toward the partner at this time is anger. The intense resentment felt towards the partner is partly a way of avoiding self-responsibility and partly an accumulation of the many previous hurts and disappointments. Lastly, the separation phase provokes a series of reactions associated with loss, similar to the stages of dying as noted by Kubler-Ross (1969): denial (withdrawal and avoidance); anger (blame partner, act-out hostility); bargaining (hopes of reconciliation), depression (self-pity, despair, fear of unknown) and acceptance (dealing with reality).

The therapist who is aware of the foregoing reactions to separation will realize that the client needs both support and clarity. Therapeutic support in the form of empathy, acceptance, and allowing for temporary reliance on the therapist's strength, is crucial during this difficult time. The therapist provides clarity and order by helping the client understand what is occuring and what might be expected in the near future. A cognitive frame-

work is provided by educating the client about their natural and inevitable reactions to the transitions. An experiential framework is provided by encouraging the client to allow and express emotions within a safe context. The client experiences relief with the knowledge that their reactions are permissible and justified. A sense of increased understanding and self control replace preceding feelings of helplessness and confusion.

A framework should be developed to help the client learn specific social skills and personal competencies such as assertiveness, child management, budgeting and vocational skills. It is helpful to identify community resources (e.g., women's awareness centers, vocational training programs, groups for fathers or singles) which may provide additional support and education. Utilizing outside resources not only increases available support, but also encourages involvement in new social networks while reducing dependence on the therapist. The person involved in the process of separation should learn how to be confident about being alone. Developing personal and social competencies increases the chances for successful social contacts, thereby enhancing self esteem and increasing one's capacity to function effectively as an individual.

INDIVIDUATION

The individuation phase is the time during which a

person experiences the termination of one lifestyle and the emergence of a new way of being. It is similar in nature to the transition from adolescence to young adulthood, in that the person is separating from the attachments of a familiar social setting and moving out into the world in a more independent and individualized manner.

BEGINNING INDIVIDUATION

Initially, individuation is a time of anxiety and doubt, deep sadness for what has been lost, and a pervasive sense of vulnerability. Many people report feeling a loss of identity as if in a void, not meaningfully connected to another person and not yet comfortable with independence. There is a tendency to impulsively seek intimate relationships in order to avoid both the pain of mourning the dead relationship and the anxiety of being alone (Fisher, 1974, pp. 116-118). The person has not yet had sufficient practice being alone and associates it with loneliness, abandonment and failure. The therapist can help the client learn the difference between being alone and loneliness. To be alone successfully involves learning to love and respect oneself, and occupying one's time in a creative and fulfulling way. Loneliness is the emotional state of feeling separate, isolated and unloved. It is sometimes a reality, but can be accepted as a momentary occurrence rather than a reflection of failure and doom.

The role of the therapist during the initial phase of individuation is to provide acceptance, support and clarity, as during the separation phase, to fill the void until personal resources are developed. The therapist helps the client understand and accept the complexities of their transition, encourages decisions that are not self-defeating, and prepares the client for the next aspect of the individuation phase--identity building.

IDENTITY BUILDING

Perhaps the most anxiety-arousing aspect of the individuation process is not understanding or recognizing oneself; the feeling of loosing one's identity. The person has left a relationship and often has left behind much of their definition of self. They need to perceive and interact in the world as an individual rather than as half of a team, and the therapist should provide a framework in which this new sense of self can develop.

The process of identity building is analogous to a rebirth, a new lease on life. It is a time to reevaluate roles, attitudes and priorities. It is a time of experimentation and of excitement about new options, as well as anxiety regarding competence and success. The therapist should be aware of several typical patterns during this transitional period. There is a tendency to attribute blame on others, especially the ex-partner, for past

failures as well as current difficulties. It is necessary for the therapist to encourage the client to assume responsibility for their own life, past, present and future, so that positive decisions can be made and new ways of behaving can be learned. The therapist should encourage the client to review the past not for the purpose of localizing blame, but to learn from past difficulties in order to create a better future.

There is also a tendency for the client to experiment without proper limits. The person has not yet developed a secure sense of self and thus has not identified their own parameters (e.g., when to say yes or no, when to be assertive and firm or tolerant and accepting, how to approach the issue of sex). Experimentation during this phase is a necessary part of growth, but without proper controls it often leads to rejection, self-depreciation and guilt. The therapist should encourage risk-taking within the framework of appropriate boundaries, helping the client become their own judge of proper limits, roles and attitudes. The use of outside resources (e.g., special issue groups and social networks) can be a helpful adjunct to therapy in order to help the client develop their identity and determine meaningful boundaries.

Lastly, it is typical for the client to experience extreme changes in mood, emotion and attitude. This

variability is a function of the tenuous and vulnerable condition during this transitional time. It often frightens the client and they are likely to question their sanity. The therapist can alleviate anxiety by informing the client that these changes are an inevitable part of individuation, help them to acknowledge and express the accompanying emotions, and provide support through the moments of uncertainty.

The individuation phase can be a time of considerable personal and social strides. The person is reassessing their life style, developing new goals, exploring alternative behaviors and molding an emerging sense of self. It is a time of immense change and the therapist should be sensitive to issues regarding the process of change. Facilitating change requires a delicate balance between support and encouragement. An overabundance of support breeds extreme dependency and inhibits risk-taking. Conversly, too much encouragement to change can lead to premature risk-taking, failure and discouragement. Support should be provided in a developmental manner; more is provided during the initial phase of individuation when anxiety is greatest, and gradually reduced while the client developes personal resources and explores independent roles and new behaviors. The learning of specific skills and competencies facilitates positive

change, in that the individual is more likely to receive positive feedback from others, thereby encouraging a healthy sense of self. The therapist should also help the client realize that change includes regression. It is typical to take several steps forward and then fall backward to an old way of behaving. The client is encouraged to move forward at a reasonable rate, supported through the moments of doubt and anxiety, given permission to regress, and provided with sufficient skill training and outside resources so that they can continue to develop a secure identity.

RECONNECTION

The personal growth achieved during the individuation phase provides the foundation for new intimate and meaningful relationships. The person who has not adequately developed an individualized and positive identity can make the mistake of pursuing close relationships prematurely. This inevitably leads to another unhappy relationship because issues from the past have not yet been resolved, and the person approaches the new relationship from the vantage point of the old (Orlinsky, 1972). The person who has successfully individuated, having developed a satisfying and realistic self concept is in a better position to reconnect. However, the road ahead is still difficult and anxiety-arousing, as well

as potentially rewarding.

Building a new relationship involves change, adaptation, compromise, and a considerable amount of ambivalence. The person wants and needs the companionship, emotional nourishment and commitment associated with a close relationship, but fears the possible constriction of freedom that they worked so hard to attain. Futhermore, the person is reminded of the past and worries that the new relationship may cause similar hurt and pain. There is often a strong fear of failure and the new relationship becomes a stimulus for anxiety and doubt. The therapist encourages the client to remain an individual within the new relationship, while helping them to understand the inevitable compromises which must always accompany a close relationship. The task for the client is to learn that a healthy relationship has two major elements; positive commitment and compromise, and the freedom to be a separate individual.

The previously separated person often anticipates that the ghosts of the past will return to haunt the future. The person can create a self-fulfilling prophecy; the anxiety associated with the old relationship is transferred to the new relationship, thus creating tense and guarded interactions and, in fact, an unhappy relationship. The therapist should help the client perceive

the new relationship as separate from the past, encouraging them to utilize the tools (e.g., communication, assertiveness, decision-making) that were previously learned in order to approach the new relationship from an effective posture. The therapist should be aware of the ambivalence regarding involvement within a close relationship, helping the client to understand these mixed feelings as an allowable and natural occurrence rather than a sign of weakness and instability. The ambivalence diminishes over time if the person learns to develop a positive relationship while remaining an individual.

The reconnection phase is a time of adaptation. The person is adapting to new ways of approaching a close relationship, to new rules and roles within the relationship, to new social networks (e.g., friends and extended family of the new partner), and to the complexities of being a stepparent if children are involved. The therapist should encourage the client to take responsibility for developing the kinds of rules, roles and ways of relating that are personally acceptable. It is often helpful to request that the client bring the new partner to a therapy session in order to promote effective communication and understanding. This is particularly important when the

client has "unfinished business" from the past and is finding it difficult to approach the new partner from a clear and current perspective. The person who is able to develop a new relationship and maintain the sense of self that was developed during individuation can often successfully adapt. Loss of self-identity promotes fear, defensiveness and an inability to compromise, thereby preventing the development of a healthy and rewarding relationship.

THE THERAPIST: SOME CONSIDERATIONS

The therapist who works with clients experiencing separation, individuation and reconnection confronts a very challenging task. The kinds and intensity of reactions are such that it is often difficult for some therapists to be effective. One of the reasons is that the therapist may have experienced a similar situation (e.g., past divorce or current relationship problems) and finds it difficult to fully be with the client. The authors recently presented these concepts to a group of advanced graduate students, many of whom were active in clinical work. Over half the group reported that the presentation aroused strong feelings of sadness, anger or fear associated with their own relationship struggles. It is adv sable for a therapist to be aware of their personal emotional readiness before

working in this area, and to be able to acknowledge and effectively cope with the feelings aroused when clinically involved.

Again, due to the intensity of clients' emotional reactions, the therapist choosing to work in this area must be cautious about over-involvement. It is typical for clients to transfer to the therapist strong feelings aroused during the three transitional phases. The client in the separation phase may express anger towards the therapist which is actually meant for the ex-partner. The client in the individuation phase may strive to develop a deep dependency on the therapist rather than deal with the fear of loneliness. The client in the reconnection phase may rebel against the therapist's authority, a behavior reflecting the fear of loosing their identity while developing a new relationship. It is crucial that the therapist does not become over-involved, for if the therapist becomes an active participant in the client's drama clinical effectiveness is lost. The therapist's power to help a client comes from being personally centered, providing an empathic and supportive climate, and remaining separate but caring. The more the therapist is personally touched by a client's experience due to the therapist's unresolved relationship struggles, the more difficult it is to achieve this effective approach.

A final consideration regarding the therapist has to do with their particular belief system. One therapist may view the intensity and diversity of psychosocial reactions during the three phases as signs of psychopathology. Another therapist may view the same behaviors as inevitable consequences of change and adaptation. The important point is that a therapist's goals and methods are inexorably linked to these basic belief systems. Many respected clinicians working in the field today espouse a belief system which views the range and intensity of reactions to the three phases not as symptoms of pathology, but rather, as natural concomitants of a challenging and complex human situation. This is not to deny the importance of proper diagnosis and evaluation to rule out serious disturbance, but rather to caution against what may be a hasty, harmful and unnecessary label attributed to a person and a problem. It is reassuring for the client to realize that the confusing and uncomfortable reactions experienced during separation, individuation and reconnection are transient and permissible. This awareness often provides the impetus needed to begin the process of positive change.

CASE EXAMPLE

Bill and Susan had been married for twenty two years when they came for marriage counseling. At first, Bill

only came to the sessions to appease his wife, who was threatening divorce. Susan reported that the marriage had been unsatisfactory from the start, with Bill spending a considerable amount of time with other women, providing her with only the bare minimum of emotional nourishment to maintain the marriage. Although there had been some good times together, and they both reportedly valued their family life and three children, it appeared that the marriage was unable to withstand much more frustration and pain.

Through a series of marital and individual therapy sessions Bill and Susan began to understand how each contributed to the unsatisfactory conditions. Bill began to acknowledge his strong need for validation, his difficulty with intimacy, and his need to be with other women as a way of obtaining approval without having to suffer the anxiety associated with an ongoing and close relationship. He also realized that his deceptiveness towards his wife was a way of handling the resentment associated with his fear that she would control him. Susan learned that she tolerated her husband's behavior for so long because she was unsure of her own capabilities, and it was easier to blame him than to take responsibility for making the necessary changes.

A structured separation therapy format was

introduced. Bill and Susan lived separately and came together only during marital therapy sessions. This format provided the needed space for individuation to occur, while reducing the debilitating effects of living together under constant stress. The separation was extremely difficult at first, with each partner experiencing the ambivalence of wanting but fearing contact with the other. Within three months the therapeutic structure and continual support provided to each partner enabled a focus on individuation to emerge. They both struggled with loneliness and aloneness, resentment towards the partner, fear of the unknown and learning to be responsible. Each developed new aspects of their previously untapped potential, and explored new friends, attitude and behaviors. Susan participated in a Women's group which provided additional support and self-understanding. As individuation became more complete, both Bill and Susan were able to be more relaxed, honest and positive with one another. They were learning to be separate but together, in contrast to their previous relationship based on dependency and fear.

The structural separation continued for ten months. At the time of this writing Bill and Susan still live separately but see each other often, and share much of the responsibility for family and child management. They

are currently coping with reconnection, not with alternative partners, but with one another. Each desires to reconnect but is anxious about somehow disturbing their new-found identities. They are working on learning to balance the individual and interpersonal elements of a close relationship.

The therapeutic goals with the above couple were to facilitate individuation and prepare both partners for more positive relationship possibilities. Individuation was necessary so that both people could begin to understand and change themselves. To accomplish this task it was necessary to separate the partners, both physically as well as psychologically. The preparation for reconnection involved the learning of new social skills, (e.g., communication, problem-solving, assertiveness), reassessing attitudes and priorities, and letting go of past fears and patterns of behaving.

The use of the Women's group was specially helpful for Susan. It provided her with a good deal of support at a time when she needed it most, encouraged the learning of immediately applicable social skills, and helped her to develop a more positive self-perception as a function of receiving positive feedback and realizing that others had similar concerns. Transitional groups, such as Women's, Men's or co-ed post-divorce groups,

are becoming more available, and should be used as an adjunct to therapy (Prescott and Morris, 1975; Welch and Granvold, 1977). They provide support and education for those coping with transitions such as separation, individuation and reconnection. These groups also provide companionship, often facilitate added insights and behavior change, and prepare people for what may occur, thereby making the future seem less frightening and more controllable.

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